

**REPORT TO THE TWENTY-THIRD LEGISLATURE
STATE OF HAWAII
2006**

**PURSUANT TO CHAPTER 321H-4,
HAWAII REVISED STATUTES REQUIRING THE DEPARTMENT OF
HEALTH TO PROVIDE AN ANNUAL REPORT ON THE ACTIVITIES UNDER
THE NEUROTRAUMA SPECIAL FUND**

PREPARED BY:

**STATE OF HAWAII
DEPARTMENT OF HEALTH
DECEMBER 2005**

EXECUTIVE SUMMARY

In accordance with the provisions of Chapter 321H-4, the Department of Health is submitting an annual report on the activities of the neurotrauma special fund.

The neurotrauma special fund was established in 2002 by Act 160 for funding and contracting for services relating to neurotrauma. Funds are acquired through surcharges on traffic citations (speeding, drunk driving, not wearing seat belts, leaving the scene of an accident involving bodily injury) that are related to causes of neurotrauma injuries.

Effective January 1, 2003, surcharges from the specified traffic citations were deposited into the special fund. The Department of Health (DOH) has worked with neurotrauma survivors and their families to identify priorities for expenditure of monies in the special fund. The prioritized need is for assistance to access services and supports (support coordination). Procedures have been developed by the Judiciary and the DOH for transfer of monies into the neurotrauma special fund

The DOH has also established in compliance with Act 160, a Neurotrauma Advisory Board and an infrastructure “to develop, lead, administer, coordinate, monitor, evaluate, and set direction for a comprehensive system to support and provide services for survivors of neurotrauma injuries.” The Neurotrauma Advisory Board provides stakeholder input into the DOH’s neurotrauma activities and advisory recommendations regarding the special fund.

REPORT TO THE LEGISLATURE IN COMPLIANCE WITH CHAPTER 321H-4, H.R.S.

An annual report on the activities under the neurotrauma special fund.

Introduction

Act 160, signed into law on June 7, 2002, mandated the Department of Health (DOH) to “develop, lead, administer, coordinate, monitor, evaluate, and set direction for a comprehensive system to support and provide services for survivors of neurotrauma injuries.” The Act also required the DOH to establish a neurotrauma advisory board and administer a neurotrauma special fund. The neurotrauma special fund started to accumulate monies January 1, 2003. This report provides a status report on the fund activities for the period of December 2004 to September 2005.

Neurotrauma Advisory Board

The Neurotrauma Advisory Board was established, per Act 160, to advise the DOH on the use of the neurotrauma special fund and the development of a system of supports for persons with neurotrauma. The Board’s membership constitutes key stakeholder group representation on a statewide basis and has developed a strategic plan to carryout their functions. There are 4 working sub-committees – 1) Education; 2) Special Fund; 3) Legislative; and 4) Registry (the latter two joint with the State Traumatic Brain Injury Advisory Board). Current members of the Board are listed in the Attachment 1.

Use of the Neurotrauma Special Fund

Chapter 321H-4, H.R.S. specifies that the neurotrauma special fund shall be used for the purpose of funding and contracting for services relating to neurotrauma as follows: (1) Education on neurotrauma, (2) Assistance to individuals and families to identify and obtain access to services (3) Creation of a registry of neurotrauma injuries within the State to identify incidence, prevalence, individual needs, and related information and (4) Necessary administrative expenses to carry out this chapter not to exceed two percent of the total amount collected.

Effective July 1, 2003, three DOH positions were funded by the neurotrauma fund to provide for coordination and support of a neurotrauma system of supports. Duties include planning and coordination of neurotrauma awareness/education activities, information and referral supports for individuals with neurotrauma and their families, individual coordination, eligibility determination, provision of access to support coordination services, support to the Neurotrauma and State Traumatic Brain Injury Advisory Boards, grant writing, needs assessment and quality improvement.

In addition, contracts and funding are provided for educational activities on neurotrauma.

(1) Educational activities:

- . Information on Neurotrauma was provided by program staff at the DOE Conference on *Behavioral Management in the Classroom for Students with TBI* in January 2005. Information was also provided at the Special Parent Information Network Conference in April 2005.
- . Two members of the State Traumatic Brain Injury Advisory Board and program staff attended the annual TBI State Grantee meeting in Washington, D.C. in March 2005 and shared information on Hawaii's activities. They also brought back information for the Advisory Boards on national trends and issues.
- . A contract for education of the public on brain injury was extended from April 2005 for one year with the Brain Injury Association- Hawaii. A TBI grant was procured by the program staff to fund this activity.
- . A Neurotrauma presentation was provided for 100 case managers and staff of the Developmental Disabilities Division in April 2005.
- . Informational exhibits on Brain Injury Awareness in March 2005 were set up at the DOH, State Bldg. in Kapolei, Leeward Health Center and Rehabilitation Hospital of the Pacific.
- . Informational exhibits for Stroke Awareness month in partnership with the American Heart/Stroke Association were set up in May 2005 at the DOH, Kapolei, Kokua Kalihi Valley Elderly Program, Leeward Health Center and Daiei in Pearl City.
- . An informational exhibit for Trauma Awareness month in partnership with the Injury Prevention and Control Program was done in May 2005 at the DOH.
- . Informational exhibits for Aphasia Awareness month in partnership with the Hawaii Speech-Language-Hearing Association were set up at the DOH, Rehabilitation Hospital of the Pacific, Maluhia and Leahi hospitals in June 2005.
- . Topics on TBI, employment, trust funds, domestic violence, neurobehavioral issues; library of the web casts with audio and power point presentations were established by staff from their participation in National Association of State Head Injury Administrators web casts for distribution to interested parties.
- . Neurotrauma brochures were given to the Kapiolani Medical Center for Women and Children's Pediatrics Department upon noticing it in the

Children with Special Needs 'Rainbow Book' for local resources. The brochures were also made available at the DOH exhibit at the Pacific Global Health Conference in June 2005.

- . A collaboration between Neurotrauma staff, Brain Injury Association-Hawaii and the Defense & Veterans Brain Injury Center (from San Diego and Washington, D.C.) was formed for presenting 7 sessions on brain injury awareness and prevention at Camp Smith and Kaneohe Marine Corp Base for 2,000 marine and naval personnel on Aug. 31 and Sept.1, 2005.

A joint Neurotrauma and BIA Speakers Bureau presentation was done in September 2005 for the Case Management Society of America (Hawaii Chapter). Attendees included 27 case managers (SWs and RNs) from various private agencies such as PACBLU, Hawaii Medical Services Association, Tripler Army Medical Center, Aloha Care, Allied Managed Care, and Medical Management. The proposed support coordination project was mentioned and those interested case managers were encouraged to contact the program.

Neurotrauma staff had an informational booth at the Seniors Fair in September 2005 distributing contact information products, showing videos on falls prevention and distributing handouts from the Home Safety Council and Safe Steps program. Attendees were asked to complete a questionnaire indicating whether they had or knew of a family member, friend or co-worker who had a neurotrauma injury (TBI, SCI or stroke). Out of the 279 collected, 165 indicated they had or knew of someone, 59%. Out of that, 96 respondents (58%) indicated they or someone else encountered some problems which included by rank, feelings of anger or depression; planning, organizing or memory; dizziness/disorientation; communicating with others; housing; transportation; medical services; finances; relationships; employment; personal and in-home care; and adaptive equipment. 31 respondents consented to follow-up contact.

- . The program co-sponsored the *Reducing Falls by Design Conference* with the Injury Prevention and Control Program in October 2005. This education effort was selected in light of falls being the leading cause of traumatic brain injury in Hawaii's senior population. Also, Neurotrauma brochures, newsletters and business cards, along with handouts from the Home Safety Council and Safe Steps Program, falls in Hawaii and BIA-America falls fact sheet were distributed.

(2) Assistance to individuals and families to identify and obtain access to services activities:

- . Utilizing a definition of Support Coordination that has been endorsed by the Neurotrauma Advisory Board, the DOH has developed structural features of a service system which includes: eligibility, referral, service planning, service provision and monitoring. The DOH has met with potential providers to obtain feedback on the scope of service for Support Coordination that includes provider requirements and rate of reimbursement.

DOH staff has also met with case management agencies to share information on the scope of services for Support Coordination. Feedback and interest in becoming a provider have been positive. The DOH will be conducting a pilot in FY 2006. Monitoring of the Support Coordination services and customer outcomes and satisfaction will be done by the DOH.

- . A project with the John A. Burns School of Medicine will be conducted in FY 06 to link persons with neurotrauma with mentors.
- . In July 2005, in collaboration with the Rehabilitation Hospital of the Pacific, a referral process was initiated whereby patients with either TBI, Spinal Cord Injury or stroke were asked to give written consent for the Neurotrauma staff to contact them following discharge. The program staff will call the indicated contact person to follow-up on the survivor's status, needs and concerns. The activity will build upon efforts to develop and maintain a neurotrauma registry.
- . Informational folders on TBI have been developed in collaboration with the DOH, Executive Office on Aging, Department of Education and the Brain Injury Association- Hawaii and made available to hospital discharge staff for distribution to patients upon discharge.
- . A DOH Neurotrauma Help Line was established to assist individuals and families to access information and services. The Help Line provides screening, intake and information and referral to assist individuals and their family members to access needed services in their communities. From December 2004 to September 2005 the Helpline received a total of 224 calls for an average of 22 a month. A total of 126 individuals were served with 55 being first time callers. This represents a 59% increase over a 2-year period.
- . The Neurotrauma Advisory Board has taken on the task of assisting in marketing the Helpline. Besides being listed in the *Elderly Affairs Family Caregiving Guide*, the Helpline will be listed in the State Offices Frequently Called Numbers in the TeleCom phone directory and with AYW 211 Resource Directory.

(3) Development of a registry within the State to identify incidence, prevalence, needs, and related information of neurotrauma injuries:

- . The State Neurotrauma and Traumatic Brain Injury Advisory Boards have formed a joint registry subcommittee to recommend to the DOH critical elements that will be most meaningful for public health measures and an ongoing needs assessment for community supports in Hawaii.
- . Departmental meetings with the Injury Prevention and Control Program staff and epidemiologist were held to review data collected by that program and the ICD-9 codes for neurotrauma injuries. Meetings are planned with the Queen's Medical Center to discuss their trauma registry and review of the accuracy of the codes; especially for stroke.
- . An in-house registry was initiated in July 2005 for all those clients involved with the program since its inception in June 2002.
- . A project with the Queens Medical Center will be implemented in FY 06 to assess outcomes following post-acute care and to link people with severe TBI being discharged from the hospital with the DOH for follow up services and to identify community living service needs

(4) Necessary administrative expenses to carry out this chapter not to exceed two percent of the total amount collected.

Utilization of funds under this category will be determined after plans are finalized for the prioritized support coordination and registry activities.

Collection and Expenditure of Funds

In FY 2005, a total of \$687,860 has been deposited into the fund from traffic surcharge collections. During that period of time, \$203,311 has been expended for positions. An additional \$41,725 has been used for educational activities for persons with neurotrauma (Attachment II). As of July 1, 2005, there was a balance of \$1,024,473 in the Neurotrauma Special Fund. The budget reflects activities authorized under Chapter 321H-4, H.R.S. Future efforts to establish standards for cognitive rehabilitation and a neurotrauma registry will require expenditure of most of the remaining funds through contracts resulting from proposals being considered from the Queen's Medical Center and the Rehab Hospital of the Pacific.

Summary

Given the Legislative intent of Act 160, the DOH is continuing its efforts to develop a neurotrauma system of supports to assist survivors of neurotrauma injuries and their families. The Neurotrauma, as well as the State Traumatic Brain Injury, Advisory Boards have progressed in their efforts to become an effective advisory body to the DOH. During the coming year, the DOH will focus its efforts on developing and maintaining a neurotrauma registry, increase education/awareness activities and begin utilizing the special fund to assist individuals and families to identify and access needed supports through the implementation of a Support Coordination service.

Attachment I

NEUROTRAUMA ADVISORY BOARD

ACT 160, SLH 2002 (SECTION 321H-4, HRS)

Chair.....	Elzadia Kaina	(08/03/09)
Members.....	Joyce Arizumi	(10/10/04) Term Extension Pending
	Lyna Burian	(10/10/06)
	Angie Enoka	(10/10/04) Term Extension Pending
	Ian Mattoch, Esq.	(10/23/03) Term Extension Pending
	Glenn Morgan	(10/10/06)
	John Noland	(10/10/05) Term Extension Pending
	Peter Rossi, M.D.	(10/10/03) Term Extension Pending
	Scott Sagum	(10/10/04) Term Extension Pending
	Lori Suan	(10/10/05) Term Extension Pending
	Milton Takara	(10/10/05) Term Extension Pending
	Curtis Tom, DDS	(10/10/03) Term Extension Pending
	John Tomoso	(10/10/05) Term Extension Pending
	Stella Wong	(10/10/03) Term Extension Pending

Attachment II

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Neurotrauma Special Fund Account (S 314 102)

	2003						FY 2004						2004						Total	
	Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Deposits	4,500	14,575	27,661	38,770	40,962	61,715	46,768	43,721	38,367	59,448	41,516	42,417	45,865	38,838	45,354	52,438	45,293	84,862	773,070	
Exp (Payroll)							8,267	16,534	16,534	16,534	16,534	16,534	16,534	16,657	16,535	16,535	16,566	16,598	190,361	
Other											1,060								1,060	
Total	4,500	14,575	27,661	38,770	40,962	61,715	38,501	27,187	21,833	42,914	23,922	25,883	29,331	22,181	28,820	35,903	28,726	68,264	581,649	0

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188,183

Balance as of July 1, 2004

581,649

	FY 2005													
	Jul	Aug	Sept	Oct	nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Deposits	65,497	59,024	35,187	84,674	54,461	54,461	54,461	54,461	54,461	54,461	54,344	62,482	54,344	687,860
Exp (Payroll)	16,794	16,794	16,794	16,794	16,794	16,794	16,794	16,794	16,794	16,794	17,388	17,388	17,388	203,311
Other				20,702	650	373					20,000			41,725

Year-To-Date Balance

442,824

Balance as of July 1, 2005

[illegible]

Year-To-Date Balance

0

Cumulative Cash Balance

1,024,473